

Delphi study

Development of a European guideline for the valuation of care services and lost productivity from a societal perspective

Feedback report Delphi ROUND 1 , January 2015

Consensus was considered to be reached when at least 67% of the panel agreed.

Question	Description	Panel		
		% Yes	% No	No expertise (n)
	Perspective			
1	<i>In the European guideline, which perspective(s) should be recommended?</i> Health care sector Societal	96%	4%	0
2	<i>Optional: Other (please specify)</i> "Social Services"; "Government"; "HAS choice : collective perspective that is more large to take into account the care sector"; "health care payer(s)"; "health insurance-public funds"	88%	13%	0
3	<i>Please motivate your answer.</i> "Societal perspective is the most important because the birth rate is low, it is necessary to encourage" "Both should be considered to better inform decision making by highlighting the consequences of alternative perspectives" "A patient may no longer be treated by the health care sector but accrues cost in other sectors of the welfare services, e.g. assisted living. This is distinctive from the broader societal perspective." "I think that the perspective should depend on the research question being addressed, the audience for the evaluation, and the budgetary arrangements between decision-makers. In addition to those listed above, there could even be a case for other perspectives: government, insurance provider, clinical department, employer. It depends on the research question and I think a 'one size fits all' recommendation is not appropriate." "Methodological limitations are too strong for the calculation of productivity costs. It generates too much uncertainty. HAS permits this perspective as a complementary analyse." "My expertise is for single public payer system. The public payer perspective is the one best understood by decision-makers. As HTA (economic) assessment aim is to facilitate coverage decision, understanding of the genuine meaning of its results is crucial. Societal perspective, even though theoretically desired, involves benefits on many economy sectors, while decision makers understand often their own sector and have problems with thinking wider. They may suspect that the societal perspective is used just for "fishing for arguments for reimbursement"." "It is important to see whether sthg is cost effective. However, it is also important to see whether health insurance can afford to finance it."			

"I think both perspectives should be recommended to ensure applicability across all European countries."
 "But the results should be presented with and without indirect costs to show how these cost influence the ICER."
 "The general principle is that the economic evaluation should adopt the perspective of the audience targeted by the authors of studies. For the reimbursement process from public funds it has to be the perspective of health care payers."

"There is a vast literature on why the societal costs must be included in the economic evaluation, however due to lack of data and lack of resources in the social care sector, these costs are often omitted."

"Proper economic evaluations conducted for decision making on interventions that are financed jointly (taxes, social insurance, private insurance) should consider the broad perspective and consequences outside the immediately concerned producers and consumers.

Of course, it could be of interest to have results also from a more narrow perspective such as (short run) budget impact analyses. This could then be reported as additional information. However, considering only narrow health care sector perspective for economic evaluations will inevitably disregard values and costs as health cannot not be assumed to be uncorrelated with other outcomes."

"The societal perspective should be the preferred one, in particular in disease modifying treatments or chronic illness. When indirect costs are not involved the health care systems perspective should be a possible alternative. If economic evaluation is carried out mainly for a submission process, the health care systems perspective will be the preferred perspective."

"Overall if you do an evaluation using a societal perspective breaking down to other perspectives is quite doable, as some countries have the health care perspective as a standard, an option of both would be preferable"

"According to me the societal perspective is most important as the impact of interventions should not be restricted to only healthcare costs. In that case we might miss important changes in cost categories outside healthcare e.g. informal care. However, most of the time in performing an economic evaluation from a societal perspective I also assess the cost-effectiveness from a healthcare perspective, as all the information I need for this, is available. Therefore, I indicated both perspectives."

"Both perspectives are important. But in my opinion, the societal perspective is more comprehensive and specific."

"I would start with the health care perspective and include that in a full CEA. Additional costs and consequences could be included in a CCA to cover a societal perspective."

"The two perspectives are both relevant and an economic evaluation should be able to provide this information to the policy makers then are those responsible for the final decisions."

Identification of resource use - health care services		% In-clude	% Do not include	No expertise (n)
4	<i>Which resource use data should be included in a European economic evaluation conducted from a <u>societal perspective</u> ?</i>			
	Hospitalization	100%	0%	0
	Intensive care units	100%	0%	0
	Emergency visits	100%	0%	0
	Medical specialist at an outpatient clinic	95%	5%	0
	Diagnostic services	100%	0%	0

Medical devices	100%	0%	0
Treatment procedures	100%	0%	0
Day treatment program in a hospital (for example, chemotherapy, blood transfusion, dialysis, etc.)	100%	0%	0
Medication	100%	0%	0
Allied healthcare providers (physical therapists, ergo therapists, dieticians, speech therapists, etc.)	95%	5%	0
Mental health care services (psychiatrist, psychologist, psychotherapist, social worker, etc.)	95%	5%	0
Complementary therapists (homeopath, acupuncturist, reiki therapist, etc.)	50%	50%	1
Preventive care (for example mammogram, flu vaccination)	100%	0%	0
General practitioner visits	100%	0%	0
Institutionalized care (for example, nursing home/elderly home, rehabilitation clinic)	100%	0%	1
Palliative care	100%	0%	0
Home care (home nurse, home health aides, personal care)	94%	6%	2
Supportive care (domestic care, personal care, meals on wheels, etc.)	89%	11%	1
Social care/welfare (occupational therapy, day center)	76%	24%	2
Respite care	73%	27%	4

5 **Optional: Other (please specify)**

"E-health"

6 **Please motivate your answer.**

"Complementary therapy is not healthcare and were it to be included would question whether time or resources devoted to prayer should also be included"

"Some points such as complementary care (different recommendation level) and for preventive programmes need clarification (preventive programmes related to underlying condition or pharmaceutical regimen)"

"Evaluation is too often drugs oriented. Non drug alternatives are importante to take into account."

"All medical interventions but the ones with unproved effectiveness ("complementary therapists" above) should be included. The "institutionalized care", "home care", "supportive care" and "social care" as above are an issue: for economic assessment of health care they may form costs of care while from societal point of view they form premises for creating new workplaces - I can't say haw to balance those two. I don't know the term "respite care"."

"Evidence based decision should be taken within health care systems. Complementary therapists (homeopath, acupuncturist, reiki therapist, etc.) do not represent evidence based medicine. For the reimbursement process from public funds the perspective of health care payers taken into account."

"Follows from the societal perspective. By analysis I mean that it should be considered in the planning of the study. Not all resource use will be relevant in all analyses, but should then be motivated."

"Treatments without clinical evidence should not be part of the analysis"

"Overall all the costs should be considered in the identification phase, measurement and valuation should be decided upon in the identifcation phase, depending on epected difference and big tickets"

"Becoming more and more important"

"All health care cost categories for which we expect changes due to the intervention studied should be included. This means that dependent on the intervention studied the cost categories should be chosen, and not always all of the categories mentioned above. So if we study an intervention around birth, costs of nursing home/elderly home can be omitted."

"Most of the above mentioned categories are important, but it is difficult to collect/retrieve data about it!"

		% In-clude	% Do not include	No expertise (n)
Identification of resource use - Patient & family (care-related costs paid by patient and/or informal caregiver(s))				
7	Which resource use data should be included in a European economic evaluation conducted from a societal perspective?			
	Patient out-of-pocket expenses (for example, co-payments or over-the-counter medication)	89%	11%	0
	Patient time	78%	22%	1
	Travel costs (care related)	84%	16%	0
	Informal caregivers time (not financially compensated)	76%	24%	2
	Informal caregivers time (partially/fully compensated)	94%	6%	1
8	Optional: Other (please specify)			
	--			
9	Please motivate your answer.			
	"Patient time is the only one I paused over - time taken to recover could differ between treatment options and thus opportunity cost arises"			
	"I understand that "time" is an important issue in health care costs. However I think that only well measurable values should be included into the assessment and the value of "time" is hardly measured. So it's involvement may produce more confusion and "noise" than benefits."			
	"Patient time- it depends. It might be that absentism payments are included, should be careful not to doublecount"			
	"All costs should be included but it should be stated how patient costs influence the results."			
	"Patient out-of-pocket expenses are related to the regulation of consumption or value based pricing within health care systems. Travel costs are related to the organisational dimension of HTA core model."			
	"Time of patient and informal care givers should be considered, not the least as it should be illuminated how burden may shift from one actor to another by an intervention."			
	"Out-of-pocket expenses but no co-payment (double counting)."			
	"See earlier motivation, Overall all the costs should be considered in the identification phase, measurement and valuation should be decided upon in the identification phase, depending on expected difference and big tickets"			
	"As above, if we expect changes in these cost categories due to the intervention they should be included (from a societal perspective)."			
Identification of resource use - Lost productivity costs				
10	Which resource use data should be included in a European economic evaluation conducted from a societal perspective?			
	Absenteeism from paid labor	100%	0%	1
	Reduced productivity while at work (i.e. presenteeism)	83%	17%	1
	Absenteeism from unpaid labor such as household activities, education, voluntary work	44%	56%	3

11 **Optional: Other (please specify)**

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12 **Please motivate your answer.**

"Absenteeism from unpaid work raises the question of what the outcomes actually capture and the potential for double counting as a result"

"As above - only the values that can be credibly estimated should be included. Just to have a reliable evaluation."

"Methodological approaches are crucial in this case. For example the human capital approach vs. the friction cost approach."

"There is well-known challenges in measuring presenteeism. However, not considering this will disregard values of reduced side effects of treatments. Thus it must be recommended to consider all patient values (also those that the doctor may not see directly but are important to individuals). Absenteeism from unpaid labour may be less evident to include in practice. I do not have expertise in this field and do not know if there are appropriate methods available."

"In some indications presenteeism is an important fact (e.g. headache and mental diseases), but data are very rare. Should not be recommended. Is a nice add-on."

"Agian, Overall all the costs should be considered in the identification phase, measurement and valuation should be decided upon in the identification phase, depending on expected difference and big tickets"

"I'm hesitating about absenteeism from unpaid labor. For household activities there may arise double counting with informal care (see 7), for education the practical reason that I do not know how to value the loss of education from a societal perspective, and for voluntary work I assume that this will be taken over by others."

Identification of resource use - Future costs

% In-clude	% Do not include	No expertise (n)
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13 **Which resource use data should be included in a European economic evaluation conducted from a societal perspective?**

Future health care costs incurred for diseases or conditions related to the intervention

100%	0%	0
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Future health care costs incurred for diseases or conditions unrelated to the intervention

53%	47%	2
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Future non-health care expenditures (for example food, clothes, and housing)

39%	61%	1
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14 **Optional: Other (please specify)**

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15 **Please motivate your answer.**

"This depends on the time horizon and what outcomes are capturing"

"Future costs unrelated to the intervention should be included in well defined cases, eg. when the intervention significantly prolongs the life span, costs of health problems in the future life may be accounted. The conditions as well as the methodology should be provided in the European guidelines. Non-health expenditure are non-differential for healthy and ill population."

"Theoretically they should all be included in the analysis but it is very important to clarify how the unrelated Health care costs and future non-health care expenditures influence the ICER since decisions based on this information may raise some important ethical issues."

"It is important the economic evaluations describe all costs and consequences. Health Economists should supply decision makers with the complete description of what the intervention will lead to. It seems illogical to say that yes, we include values of increased length of Life by adding more QALYs, but we are blind to Resources needed to get those QALYs (whether it is Health care or housing or food)"

"Future health care costs should be included depending on the selected time horizon. Models developed over lifetime have to include all treatment related and disease related future costs."

"See my earlier motivation, although I do not find them as important as the earlier ones... depending also on the time horizon of the total study."

"Dependent on the time horizon chosen for the economic evaluation, also future health costs should be included, especially if we expect important differences in future costs between the interventions studied. For future non-health costs, these should be included as they are related to the intervention/disease, e.g. lifelong diet. However, in case of future costs in additional lifeyears I expect some practical problems how to assess all non-health care costs in these additional lifeyears. It might be interesting to also ask whether to include cost in additional lifeyears at all, a slightly different question, as current guidelines diverge on this point."

		% In- clude	% Do not include	No expertise (n)
	Identification of resource use - Intervention costs			
16	<i>Which resource use data should be included in a European economic evaluation conducted from a societal perspective?</i>			
	Development	50%	50%	3
	Administration	75%	25%	3
	Planning	69%	31%	3
	Training	60%	40%	4
	Implementation	67%	33%	4
	Supervision and monitoring	80%	20%	4
	Donated items (such as drugs, vaccines, supplies or equipment)	60%	40%	4
17	<i>Optional: Other (please specify)</i>			
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18	<i>Please motivate your answer.</i>			
	"Should reflect normal service costs"			
	"HAS recommends for hospital intervention to use the production cost (analytical accounting)."			
	"Not sure of the meaning of this. Eg. development of the drug is the cost of the manufacturer and affects the price of the drugs. In general - some of these costs, like the cost of diagnostic imaging device bought or hospital administration costs may be already included in eg. "cost of hospital care", as in some health care systems hospitals are paid under DRGs or their services are valued by scores and then converted to money. So it may be hard to find the common way of including them into analysis. On the other hand, non-drug interventions (medical devices and procedures) may need "learning time" for the physician to gain final effectiveness - there may be a need of taking it into account while assessing economical value. The conditions should be carefully described in the guidelines."			

"Most of these resources seem to refer to fixed costs of introducing new technologies. Basically price in an economic evaluation should be possible to vary over time. I responded not included interpreting it as adding costs beyond what should be included in market prices. The solution should be analyses considering different time horizons. Also donated items are resources with a value. The difficulty lies in applying a price, not in the whether or not it should be valued."

"Development, administration and planning are more or less overhead costs and not attributed to the individual case."

"This questions is hard to answer as it is. To my opinion all the costs which are standard in the normal procedure of an intervention should be included. Cost that are related to development would be considered as sunk cost, traning is is something in between"

"For the comparison of different treatments, a 'steady state' should be assumed, in which development, implementation and initial training should not be taken into account. However, if an economic evaluation on two different implementation strategies is performed, this will be different (logically). I assume that donated items are items that are sponsored during the study period? In that case their costs should be included in the economic evaluation."

Measurement of resource use		% Yes	% No	No expertise (n)
19	<i>What do you consider appropriate methods to collect information on resource use in a European economic evaluation?</i>			
	Patient level data	94%	6%	0
	Secondary level data (aggregated data obtained from existing national registers/published (research) literature)	89%	11%	0
	Estimates based on clinical practice guidelines	78%	22%	0
	Expert opinion	67%	33%	0
20	<i>Optional: Other (please specify)</i>			
	"I would prefer data which are measured on a patient level. In a modelling study I would sometimes opt for other data"			
21	<i>Please motivate your answer.</i>			
	"In the order presented in terms of preference - sometimes good data just does not exist but best estimates are required."			
	"All is possible but the methods should be classified in terms of robustness"			
	"I guess patient level data would provide the most reliable evaluation but in many countries they are not available - and so other techniques should be used, with the expert opinions at the lowest position (if there are not other sources)."			
	"Expert opinion can be used if nothing else is available but it should be clearly stated if this is the case."			
	"The mentioned methods are applicable. However, using the hierarchy of evidence concept, different weight among methods can be seen."			
	"Guidelines are not evidently correlated with practice and thus a poor measure. Expert opinion should be considered as last resort."			
	"Depending on data availability and used study design; e.g. patient level data could not be available for models with a life time horizon."			
	"See above, so for me there is a ranking in the validity and reliability of the data"			

"I definitely prefer patient level data. However, if it is not possible to obtain them the other methods might be useful. However, in that case sensitivity analyses should be performed to assess the influence of the uncertainty around these estimates on the outcome."

		% Yes	% No	No expertise (n)
Measurement of patient & family costs - travel distances				
22	What do you consider appropriate methods for measuring care-related travel distances?			
	Standard distances	100%	0%	1
	Patient-reported distances	65%	35%	1
23	Optional: Other (please specify)			
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24	Please motivate your answer.			
	"Patients will exhibit reporting bias"			
	"idem"			
	"As above"			
	"Both would be okay for me"			
	"Both methods are appropriate, especially in smaller countries. Patient-reported distances might be more accurate, but implies that additional information have to be collected from the patients. It depends on the total amount of other information that also has to be collected from the patient and the importance of this cost category in relation to the total costs, whether this additional burden to the patient is feasible."			
Measurement of lost productivity - Absenteeism from paid labor				
		% Yes	% No	No expertise (n)
25	What do you consider appropriate methods to collect information on lost productivity in a European economic evaluation?			
	Company registered data for sick leave	81%	19%	2
	Self-reported sick leave due to the disease under study	81%	19%	2
	Self-reported sick leave due to general health	63%	38%	2
	Using published estimates of previous studies	71%	29%	1
26	Optional: Other (please specify)			
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27	Please motivate your answer.			
	"the guidelines should rather provide the hierarchy of data than exclude any as not proper. If there are national credible data from registries, they are the best. But high quality publications on studies on the absenteeism for specific diseases are needed to save the efforts and they may use patient self-reported data. Which data: the ones on disease-depended leave or the ones on general health leave are better - it depends on the nature of the disease."			
	"It depends on the question, what data is available and the quality of the collected data. If you compare self-reported sick leave due to general health in different groups, this method can be used."			
	"However, quality of published estimates of previous studies has to be checked."			
	"Basically we need excess productivity loss due to the specific disease. To obtain this we might need to work with different sources."			

"The sick leave should be documented for the disease in question."
 "Again I would rather give a ranking, especially in a model this would be self-report, than company and then previous studies"
 "Self-reported sick leave due to the disease under study is preferred, but it is not always possible to distinguish between sick leave due to the disease under study of due to other causes. In that case, self reported sick leave due to general health should be used. In this case also company registered data might be used."

		% Yes	% No	No expertise (n)
Measurement of lost productivity - Reduced productivity while at work (presenteeism)				
28	What do you consider appropriate methods to collect information on lost productivity in a European economic evaluation?			
	Self-reported perceived performance during working hours due to the disease under study	80%	20%	3
	Self-reported perceived performance during working hours due to general health	47%	53%	3
	Self-reported comparative performance (how an employee's performance differs from that of others or from his/her usual performance)	40%	60%	3
	QQ (Quantity and Quality) method. Individual ratings of both the quantity and quality of the work.	79%	21%	4
	Self-reported unproductive time while at work	67%	33%	3
29	Optional: Other (please specify)			
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30	Please motivate your answer.			
	"Preference for third option"			
	"In my opinion presenteeism should not be taken into account - too much room for cheating"			
	"It depends on the question, what data is available and the quality of the collected data. If you compare self-reported perceived performance due to general health in different groups, this method can be used."			
	"See above, I would prefer to give a ranking"			
Measurement of lost productivity - Unpaid labor				
31	What do you consider appropriate methods to collect information on lost productivity in a European economic evaluation?			
	Self-reported changes in time spent on unpaid labor due to the disease under study	63%	38%	2
	Self-reported additional time others (would have to) spend on unpaid labor tasks not performed by the patient due to illness	60%	40%	3
32	Optional: Other (please specify)			
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33	Please motivate your answer.			
	"In my opinion unpaid labor of the patient should not be taken into account - too much room for cheating. However there is a room for evaluation of (even unpaid) work of caregivers."			
	"There might be two consequences of a disease on unpaid labour: 1) the patient might have to spend more time on unpaid labor to do the same as before he/she became ill and 2) others have to take over tasks not performed by the patient due to illness. Both should be measured and therefore both questions above are needed."			

Valuation of resource use		% Yes	% No	No expertise (n)
34	Which prices can be used to value health care utilization in a European economic evaluation in your opinion?			
	Average of available European prices	29%	71%	1
	Lowest available European price	12%	88%	1
	Highest available European price	12%	88%	1
	Using prices from one or more other countries and convert them using power purchasing parities	47%	53%	1
	Country specific price	100%	0%	1
35	Optional: Other (please specify)			
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36	Please motivate your answer.			
	"Transferability of prices is trivial since prices are influenced by some country specific attributes and therefore it should be performed with caution"			
	"As whole economic evaluation is country-specific, as well the prices should be"			
	"It depends on the situation and how much the prices vary. If an average is used it may be important to use different alternatives in sensitivity analysis (with highest and lowest prices). If country-specific prices are used this should be clearly stated."			
	"International price referencing is a method which is an effective and widely used method by payers in many countries. Ex-factory price of a drugs established in high income countries is often not justifiable in middle income countries of Central and- Eastern European countries. Differential prices internationally can improve the accessibility of new technologies to vulnerable patients."			
	"Economic evaluation should have local perspectives"			
	"Prices strongly vary in the EU. In my opinion it is not possible to pick a single price/tariff of a single country and convert it with a European PPP. A price/tariff from a single county is not representative for Europe. It much better to select a country basket."			
	"I would prefer country specific price but might also opt for the other option if nothing is available"			
	"I have no experience with European economic evaluations, but if I would perform them my first attempt would be to perform country specific analyses and aggregate this, therefore I prefer country specific prices. But using the average of available European prices or PPP might also be possible."			
	"In my point of view, the "Average of available European prices" is not informative enough (inaccurate)."			
Valuation of health care services		% Yes	% No	No expertise (n)
37	What do you consider suitable proxy measures for the opportunity costs of health care services?			
	Standard/unit costs	100%	0%	2
	Market prices	60%	40%	3
	Tariffs	46%	54%	5
	Bottom up/micro cost price calculation	87%	13%	3
	Top down/macro cost price calculation	40%	60%	3

	Diagnosis Related Groups (DRG) (payment weight based on the average resources used to treat patients in that DRG)	75%	25%	2
38	Optional: Other (please specify)			
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39	Please motivate your answer.			
	"It depends on the disponibility of data in the country ! For example in France, the data are différents between hospital and ambulatory care. Methods should be classified in terms of robustness."			
	"country-specific standardized costs"			
	"Market prices are preferred but these rarely exist."			
	"As long as strategies are clearly reported, we need to allow for different sources based on the setting."			
	"Valuation must be explained and uniform for all RU."			
	"Assuming that tariffs and DRG are negotiated prices so not realistic reflection of the opportunity costs, might be a second best option"			
	"If standard/unit costs are available I prefer them, otherwise micro cost price calculation and macro cost price calculation."			
	"It largely depends on what is feasible in a specific case."			
Valuation of supportive care/social care services		% Yes	% No	No expertise (n)
40	What do you consider suitable proxy measures for the opportunity costs of supportive care/social care services?			
	Standard/unit costs	94%	6%	2
	Market prices	69%	31%	2
	Tariffs	40%	60%	3
	Bottom-up cost price calculation	81%	19%	2
	Top-down cost price calculation	44%	56%	2
41	Optional: Other (please specify)			
42	Please motivate your answer.			
	"idem"			
	"country-specific standardized values"			
	"Market prices are preferred but these rarely exist."			
	"See previous comment."			
	"Valuation must be explained and uniform for all RU."			
	"Again, Assuming that tariffs are negotiated prices so not realistic reflection of the opportunity costs, might be a second best option"			
	"If available standard/unit costs should be used, otherwise market prices and bottom-up or top-down cost price calculations might be used."			
	"Depending on what is feasible/available"			
Valuation of patient & family costs - patient out-of-pocket expenses		% Yes	% No	No expertise (n)
43	What do you consider suitable proxy measures for the opportunity costs of patient-out-of-pocket expenses?			

	Patient-reported costs	75%	25%	2
	Standard/unit costs	81%	19%	2
	Market prices	75%	25%	2
	Tariffs	47%	53%	3
	Bottom-up cost price calculation	69%	31%	2
	Top-down cost price calculation	44%	56%	2
44	Optional: Other (please specify)			
	--			
45	Please motivate your answer.			
	"Out of pocket payment vary significantly across EU countries with regards to scope and breadth of reimbursed medical activities. This should be considered as well."			
	"idem"			
	"real-world national-specific costs"			
	"Market prices are preferred but these rarely exist."			
	"Tariff might be a second best option"			
Valuation of patient & family costs - patient time costs/informal care		% Yes	% No	No expertise (n)
46	What do you consider suitable proxy measures for the opportunity costs of patient time costs/informal care			
	National average wages of unskilled labor	59%	41%	1
	National average wages of unskilled labor sex/age-specific	44%	56%	2
	National minimum wages of the population as a whole	25%	75%	2
	National minimum wages of the population as a whole sex/age-specific	31%	69%	2
	Specific (self-reported) wages	35%	65%	1
	Shadow prices (opportunity costs when the actual price is not known or difficult to calculate)	73%	27%	3
47	Optional: Other (please specify)			
	"National average wages to reflect the value of leisure time"			
48	Please motivate your answer.			
	"I guess informal care is sex/age-specific, but I would say that as much data as possible in the economic analysis from societal perspective should be reasonable standardized."			
	"Unskilled labour etc is normally used in order to be conservative. I think it is time to question this approach. It is too cheap for Health and Community services to put burden on other sectors."			
	"In some countries informal care were refunded as "Pflegegeld" and we use that as shadow price."			
	"Again a ranking would be helpful and this would be part of a sensitivity analysis..."			
	"Both average wages of unskilled labor and minimum wages are appropriate. If they should be sex/age specific depends on the interventions studied."			
Valuation of patient & family costs - travel costs		% Yes	% No	No expertise (n)
49	What do you consider suitable proxy measures for the opportunity costs of travel costs?			
	Patient-reported costs	61%	39%	0

	Standard/unit costs	94%	6%	0
	Market prices	76%	24%	1
50	Optional: Other (please specify)			
	--			
51	Please motivate your answer.			
	"idem"			
	"As above"			
	"Market prices are preferred but these rarely exist."			
	"Valuation must be explained and uniform for all RU."			
	"Overall all the option might be possible but there is a ranking in the option from my side"			
	"Public transport should be valued by market prices and travelling by care using standard costs per kilometer/mile."			
Valuation of lost productivity costs - absenteeism		% Yes	% No	No expertise (n)
52	What do you consider suitable approaches for the valuation of absenteeism?			
	Friction Cost Approach	82%	18%	1
	Human Capital Approach	59%	29%	1
53	Please motivate your answer.			
	"Preference for friction cost"			
	"More realistic. Avoids overestimation of costs."			
	"Human Capital Approach is recommended in Swedish guidelines. The friction cost approach is theoretically appealing but difficult to use in practice."			
	"There are pros and cons related to each of the mentioned methodologies."			
	"In case of a temporal absenteeism the human capital approach should be preferred. In case of an early retirement due to disability the friction cost approaches could be a good alternative to avoid overvalue indirect costs, but a lot of detailed data are necessary. Due to that fact, the friction cost approach should not be recommended."			
	"I would see both an a real option, but would prefer HCA from a European perspective"			
	"I prefer the friction cost method, however, in a sensitivity analysis the human capital approach should be considered."			
Valuation of lost productivity costs - absenteeism		% Yes	% No	No expertise (n)
54	What do you consider suitable proxy measures for the opportunity costs of absenteeism?			
	National average wages of unskilled labor	31%	69%	2
	National average wages of unskilled labor sex/age-specific	31%	69%	2
	National average wages of the population as a whole	65%	35%	1
	National average wages of the population as a whole sex/age-specific	71%	29%	1
	Specific (self-reported) wages	63%	38%	2
	National minimum wages	19%	81%	2

55	Optional: Other (please specify) --			
56	Please motivate your answer. "Preference for option 5" "Sex/age specific wages would be a rational approach given that all cost related analysis are further analysed for age/sex cohorts as well." "For some diseases sex/age specific wages may be reasonable - guidelines may propose for which ones." "National average wages should be used making the results more representative."			
Valuation of lost productivity costs - presenteeism		% Yes	% No	No expertise (n)
57	What do you consider suitable proxy measures for the opportunity costs of presenteeism? National average wages of unskilled labor National average wages of unskilled labor sex/age-specific National average wages of the population as a whole National average wages of the population as a whole sex/age-specific Specific (self-reported) wages National minimum wages	27% 27% 60% 67% 53% 13%	73% 73% 40% 33% 47% 87%	3 3 3 3 3 3
58	Optional: Other (please specify) -			
59	Please motivate your answer. "Preference for option 5" "Presenteeism not to be counted; see answer 30." "The reduced productivity should be valued with the same method as the absenteeism." "Valuation method should be the same as for absenteeism."			
Valuation of lost productivity costs - unpaid labor		% Yes	% No	No expertise (n)
60	What do you consider suitable proxy measures for the opportunity costs of unpaid labor? National average wages of unskilled labor National average wages of unskilled labor sex/age-specific National average wages of the population as a whole National average wages of the population as a whole sex/age-specific Specific (self-reported) wages Shadow prices (opportunity costs when the actual price is not known or difficult to calculate) National minimum wages	47% 47% 29% 41% 53% 73% 29%	53% 53% 71% 59% 47% 27% 71%	1 1 1 1 1 3 1
61	Optional: Other (please specify) --			
62	Please motivate your answer. "Only for caregivers, not for patients themselves" "Here I would go the minimum wage not in 54 and 57"			

"See valuation of informal care."

Valuation of costs - Value added taxes (VAT)		% Yes	% No	No expertise (n)
63	<i>In the European guideline, what should the recommendation be on the inclusion of VAT for all cost categories?</i>	50%	50%	4
64	<i>Please motivate your answer.</i>			
	"I believe that decisions regarding VAT introduction in health services is a health policy issue. VAT affects also significantly out of pocket payment as well, along with public expenditure. Therefore it must be included"			
	"It is the value from the consumption side"			
	"I would prefer to have all prices including VAT although i do not consider my self as a full expert"			
End of feedback report				